

From: Jeffrey McWilliams
To: [Scott Chad D](#); [DOUGLASS Trevor](#); [John DiPalma](#); [Lauretta Young](#); [Katrina Lee](#); [Maggie Klein](#); [Heidi Leonard](#)
Subject: Thank you
Date: Monday, April 17, 2017 4:50:04 PM

Chad,

I would like to thank you for taking the time to answer all of my picky questions and then the opportunity to work as a team to address some of the issues facing us all at the OSH and the Behavioral Health system in Oregon.

I am going to summarize my understanding below. Please let me know if you disagree or I have misunderstood you.

For 60-90 days our focus should be on TEM, however you would like us to still do PCPs at the OSH. We discussed having one KEPRO individual at the OSH who will spend no more than 4 hours on developing an individual PCP. Three of those hours will be for interviewing, data gathering, assessment and documentation. One of those hours will be for IDT presentation. At that point, KEPRO's PCP work will be complete.

We discussed the length of time on the RTT list and our performance obligations. You assured me that we will not be at risk for losing our contract or a Corrective Action Plan solely based on the length of time on RTT list metric.

We discussed that rather than "push" people involved in discharge planning that we should report to you or Michael Oyster those people who are not actively meeting their role obligations for discharge planning.

You confirmed that KEPRO people do not need to attend any discharge planning or treatment planning meetings other than the one IDT where a patient's PCP will be presented.

You asked us to begin doing PCP creation on admit for patients and during the 60-90 day TEM concentration, we will not need to do PCPs for people on the RTT list who do not have one. You confirmed that even though it is a contract obligation that all OSH patients have a PCP, KEPRO will have a reprieve from that obligation during the TEM concentration period and we will not be liable for corrective action for the lack of PCPs during that time.

You, Michael and Rick agreed to inform OSH and Junction City of the changes and to speak with admissions at OSH so that Katrina can be informed when a new admit occurs.

Please let me know if I should correct any of the above statements or if there is something I can help to implement.

Again, thank you for your time and openness today. We can make great things happen and I look forward to doing just that!

Jeff

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From: [Scott Chad D](#)
To: [Busek Rhonda J](#)
Cc: [DOUGLASS Trevor](#)
Subject: RE: Thank you
Date: Tuesday, April 18, 2017 9:31:05 AM
Attachments: [image002.png](#)
Importance: High

Rhonda,

For the IQA portion of the Kepro contract, we're strategizing ways to make up for lost time from the past few months of low performance. Our goal is to meet the OPP metrics for OSH discharges and SRTF average length of stay by June 30.

Below is a summary from Kepro from the planning meeting yesterday.

There is some unfortunate wording in the contract that could be interpreted as Kepro needing to meet the OPP metrics to be compliance with their contract. Because the OPP metrics are a system wide effort and Kepro has multiple dependencies to achieve those metrics, we need to reiterate the intent of that language, which I discussed in person and have written below.

I don't think we want to, or justifiably could sanction Kepro for the system not meeting the OPP goals so we should only focus on achieving those metrics as the decision point to award a performance payment.

Please review the section highlighted and if you think it is appropriate, indicate that is the direction we want to give to Kepro's question "will we lose our contract if we don't meet the OPP metrics?"

From: Jeffrey McWilliams [mailto:jmcwilliams@kepro.com]
Sent: Monday, April 17, 2017 4:50 PM
To: Scott Chad D <CHAD.D.SCOTT@dhsosha.state.or.us>; DOUGLASS Trevor <Trevor.DOUGLASS@dhsosha.state.or.us>; John DiPalma <jdipalma@kepro.com>; Laurretta Young <lyoung@kepro.com>; Katrina Lee <klee@kepro.com>; Maggie Klein <mklein@kepro.com>; Heidi Leonard <hleonard@kepro.com>
Subject: Thank you

Chad,

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I am going to summarize my understanding below. Please let me know if you disagree or I have misunderstood you.

For 60-90 days our focus should be on TEM, however you would like us to still do PCPs at the OSH. We discussed having one KEPRO individual at the OSH who will spend no more than 4 hours on developing an individual PCP. Three of those hours will be for interviewing, data gathering, assessment and documentation. One of those hours will be for IDT presentation. At that point, KEPRO's PCP work will be complete. CORRECT, KEPRO'S ROLE IS TO CONDUCT AN ASSESSMENT, DEVELOP AND PCP AND PRESENT THAT PCP TO THE MEMBER, OSH AND CHOICE. CHOICE, CMHP AND OSH ARE RESPONSIBLE FOR IMPLEMENTATION OF THAT PLAN. KEPRO CAN REMAIN AVAILABLE TO PROVIDE TECHNICAL ASSISTANCE AND PLAN AMENDMENT TO REFLECT CHANGES IN CONDITONS. 4 HOURS IS A SOFT LIMIT AND KEPRO SHOULD SPEND THE TIME NECESSARY TO COMPLETE THE PCP PROCESS.

- (1) Standard for Completed Work. For each person transitioned from OSH or a licensed level of care, a hospital-to-community transition plan or a community transition plan, in the form of a written person-centered services and supports plan, will be developed by the Contractor.

We discussed the length of time on the RTT list and our performance obligations. You assured me that we will not be at risk for losing our contract or a Corrective Action Plan solely based on the length of time on RTT list metric.

a.

Conflict Free Case Management services shall be effective October 1, 2016.

(a) For member populations residing at the Oregon State Hospital, or in secure residential treatment programs, Contractor shall achieve the performance metrics described in Exhibit F, Attachment 4 – IQA Rates and Metric and Performance Tables.

THE WORDING IN THE CONTRACT STATES "CONTRACTOR SHALL ACHIEVE" THE PERFORMANCE METRICS DESCRIBED IN THE ATTACHMENT. THE INTENT OF THIS SECTION AND THE PERFORMANCE PAYMENTS ARE TO ALIGN KEPRO'S WORK WITH THE OREGON PERFORMANCE PLAN METRICS REQUIRED OF OHA/OSH, CMHP'S AND CHOICE CONTRACTORS. KEPRO SHALL ACHIEVE THE PERFORMANCE METRICS DESCRIBED IN THE METRICS AND PERFORMANCE TABLE "IN ORDER TO RECEIVE THE PERFORMANCE PAYMENT" FOR EACH METRIC.

USE OF THE WORD SHALL IN THE CONTRACT IS INTENDED TO PROMPT THE CONDITIONS UNDER WHICH KEPRO WILL RECEIVE A PERFORMANCE PAYMENT RATHER THAN MEASURE THE STANDARDS FOR COMPLETED WORK FOR EACH SECTION OF THE IQA PORTION OF THE CONTRACT. THE METRICS IN THE TABLE ARE PERFORMANCE TARGETS AND NOT STANDARDS FOR COMPLETED WORK.

OHA'S INTENT IS TO HOLD KEPRO ACCOUNTABLE TO THE STANDARDS FOR COMPLETED WORK AS DESCRIBED IN THE BODY OF THE CONTRACT AS A MEASURE OF CONTRACT COMPLIANCE WHEREAS THE METRICS LISTED IN THE TABLE ARE A REFERENCE FOR PAYMENT OF PERFORMANCE WHEN KEPRO'S EFFORTS SUPPORT THE SYSTEM TO ACHIEVE THE OPP OUTCOMES.

BELOW IS AN EXAMPLE OF A STANDARD FOR COMPLETED WORK THAT IF NOT COMPLETED AS DESCRIBED IN THE CONTRACT COULD PUT KEPRO AT RISK FOR AN NON PERFORMANCE CLAIM. EACH SECTION OF THE IQA PORTION OF THE CONTRACT INCLUDES STANDARDS FOR COMPLETED WORK WHICH ARE USED TO MEASURE CONTRACT COMPLIANCE AND THAT SHOULD BE KEPRO'S FOCUS:

- (1) For each Medical Appropriateness Review invoiced to OHA, there must be an MMIS service authorization or denial entered accurately into MMIS. Accuracy is measured by the provider's ability to successfully submit a claim for rendering authorized services. OHA will not issue payment for these services until this condition is met.

Work Area: Conflict Free Case Management
Focus Area: Oregon State Hospital
Contract Base Requirement – July 1, 2016 through June 30, 2017
Base Metric = 75% of patients determined discharge ready will discharge within 30 calendar days of determination
Optional pay for performance metric: July 1, 2016 through end of contract. *
Provider will invoice OHA monthly for work performed. Monthly, OHA shall award contractor a one time performance payment of \$500 for each patient assisted to discharge less than 30 days on the ready to transition list (RTT). Not to exceed \$5,000 per month/ per invoice. or;
Provider will invoice OHA monthly for work performed. Monthly, OHA shall award contractor a one time performance payment of \$700 for each patient assisted to discharge less than 25 days on the ready to transition list (RTT). Not to exceed \$7,000 per month/ per invoice. or;
Provider will invoice OHA monthly for work performed. Monthly, OHA shall award contractor a one time performance payment of \$800 for each patient assisted to discharge less than 20 days on the ready to transition list (RTT). Not to exceed \$8000 per month/ per invoice. or;
Provider will invoice OHA monthly for work performed. Monthly, OHA shall award contractor a one time performance payment of \$1000 for each patient assisted to discharge less than 15 days on the ready to transition list (RTT). Not to exceed \$10,000 per month/ per invoice.
Contract Base Requirement – July 1, 2017 through June 30, 2018
85% of patients who are determined discharge ready will discharge within 25 calendar days of determination
Contract Requirement – July 1, 2018 through contract end date
90% of patients who are determined discharge ready will discharge within 20 calendar days of determination
Scope of Work: Medical Appropriateness Reviews / Treatment Episode Monitoring
Focus Area: Secure Residential Treatment Facilities
Contract Requirement – July 1, 2016 through June 30, 2017
Base Metric = By the end of year one, there will be a 10% reduction from the baseline average length of stay.
Contract Requirement – July 1, 2017 through June 30, 2018
20% reduction from the baseline average length of stay.
Contract Requirement – July 1, 2018 through contract end date
Maintain 180 day average LOS for SRTF
Optional pay for performance metric: July 1, 2016 through end of contract. *
Provider will invoice OHA monthly for work performed. Monthly, OHA shall award contractor a performance payment of \$1000 for each member assisted to discharge to a lower level of care from an SRTF. Not to exceed \$10,000 per invoice.

We discussed that rather than "push" people involved in discharge planning that we should report to you or Michael Oyster those people who are not actively meeting their role obligations for discharge planning.

- (a) **Monitoring.** Contractor shall engage in processes for ensuring that services are delivered in according to guidance included in the support plan (hospital-to-community transition plan or community transition plan). Activities may include coordinating services, monitoring the quality of services, monitoring the participant, and reporting compliance of contracted entities responsible for implementing the support plan.

KEPRO SHOULD MONITOR AND REPORT OTHER CONTRACTORS PROGRESS WITH IMPLEMENTATION OF THE PCP. IF KEPRO ENCOUNTERS COMPLIANCE ISSUES WITH OTHER CONTRACTORS OR OSH, THAT CAN BE REPORTED TO OHA STAFF SO WE CAN WORK TOGETHER AND DEVELOP A SOLUTION.

You confirmed that KEPRO people do not need to attend any discharge planning or treatment planning meetings other than the one IDT where a patient's PCP will be presented.

THE MANNER AND METHOD IN WHICH A CLINICIAN DETERMINES AS NECESSARY TO ASSESS A PERSONS NEED IS UP TO THE CLINICAL DISCRETION OF THAT CLINICIAN. THAT BEING SAID, ATTENDANCE AT OSH/IDT MEETINGS IS NEITHER REQUIRED NOR PROHIBITED DURING THE PERSON CENTERED PLANNING PROCESS.

You asked us to begin doing PCP creation on admit for patients and during the 60-90 day TEM concentration, we will not need to do PCPs for people on the RTT list who do not have one. You confirmed that even though it is a contract obligation that all OSH patients have a PCP, KEPRO will have a reprieve from that obligation during the TEM concentration period and we will not be liable for corrective action for the lack of PCPs during that time.

CORRECT. OUR CONCERTED EFFORT TO MEET THE OPP METRICS REQUIRES A TEMPORARY SHIFT IN RESOURCES TO AREAS WHERE WE ARE MOST LIKELY TO ACHIEVE OUTCOMES AND RESULTS. BECAUSE CONTINUING TO CONDUCT A PCP ON PATIENTS ALREADY ON A DISCHARGE TRAJECTORY IS DELAYING PLANNING FOR PRE DISCHARGE READY PATIENTS, KEPRO HAS BEEN ASKED TO FOCUS ON NEW ADMISSIONS AND FOREGO PCP DEVELOPMENT FOR PATIENTS ON THE RTT LIST. KEPRO SHOULD BE AVAILABLE FOR SRTF REFERRAL REVIEWS AND PCP PLANNING FOR MEMBERS ON THE RTT LIST WITH EXCEPTIONAL NEEDS OR WHEN REQUESTED BY OSH OR CHOICE CONTRACTORS.

You, Michael and Rick agreed to inform OSH and Junction City of the changes and to speak with admissions at OSH so that Katrina can be informed when a new admit occurs. CORRECT

Please let me know if I should correct any of the above statements or if there is something I can help to implement.

Again, thank you for your time and openness today. We can make great things happen and I look forward to doing just that!

Jeff

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From: KEPRO Notification Service
To: [DOUGLASS, Trevor](#)
Subject: New Files Notification
Date: Monday, April 24, 2017 1:35:40 PM

1 New File Available

/OHPCC_Program/CAP Letter Response _ March 2017

File Name: TEM Clinical Model - V2-04242017 docx

Date and Time: 4/24/2017 3:34 05 PM

Size: 52,136

Tracking ID: 379232563

Link: https://urldefense.proofpoint.com/v2/url?u=https-3A__transfer.kepro.com_human.aspx-3F0rgID-3D1795-26Arg12-3Dfileview-26Arg06-3D372422497-26Arg07-3D379232563&d=DwIGaQ&c=7gilq_oJKU2hnacFUWFTuYqjMQ111TRstgx6WoATdXo&r=OqtnoNF0c_STY1Gs5UYEVLD5IFlayb7_Q_rkQp2ru_USz9UO_Dgw6dxK0cnUI-V4&m=lj4xYQTQg3Ey_wPZD7o6PXAUterITJT94n6jK7C2CUM&s=QaHNC4aiPjYku28HGyrPh-3kfNaJ25CUkudXxHt6hg0&e=

Integrity Verified: YES

Regards,

KEPRO Notification Service

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From: Heidi Leonard
To: [DOUGLASS Trevor](#); [Scott Chad D](#)
Cc: [John DiPalma](#)
Subject: Document Uploads: TEM Clinical Model, Home Health Manual,
Date: Monday, April 24, 2017 2:36:46 PM
Attachments: [image002.png](#)

All,

The Treatment Episode Monitoring **(TEM) Clinical Model – V2-0424174** and **Home Health Manual – V4 – Final – 04.24.2017** documents have been uploaded to the **OHPCC_Program/CAP Letter Response _ March 2017** folder.

Please let me know if you have any problems accessing the document.

Regards,
Heidi

Heidi Leonard
Operations Manager
1750 Blankenship Road, Suite 425
West Linn, OR 97068
Office: 503.404.4092, ext. 4699
Cell: 971.271.0824
Fax: 866.350.1311
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www.KEPRO.com



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From: Maggie Klein
To: [Scott Chad D](#)
Cc: [Busek Rhonda J](#); [DOUGLASS Trevor](#); [John DiPalma](#); [Jeffrey McWilliams](#); [Katrina Lee](#); [Heidi Leonard](#); [Lauretta Young](#); [Jeff and Lauretta Young](#)
Subject: OHA - KEPRO - BH Ops Meeting - Minutes - 04.25.2017
Date: Wednesday, April 26, 2017 9:15:12 AM
Attachments: [OHA-BH Ops Meeting - Minutes - 04252017.docx](#)

Good morning Chad. It was good to see you yesterday.

Attached please find the minutes from our meeting yesterday. Please let us know if any revisions are needed. I will plan to make these before our next meeting.

Have a great day.
Maggie

Margaret Klein, RN, MS, MSN, JD
Director, Clinical Operations

KEPRO
1750 Blankenship Road, Suite 425
West Linn, OR 97068
Office: 503-404-4092 ext. 4676
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OHA-KEPRO – BEHAVIORAL HEALTH OPERATIONS MEETING

Date: April 25, 2017

Present: Chad Scott, Heidi Leonard (phone), Jeff McWilliams, John DiPalma, Katrina Lee, Maggie Klein

Item	Topic	Discussion	Action	Responsible Party
	Intro	Purpose and frequency of meeting discussed. Plan for weekly meetings – in Salem or West Linn, either site acceptable. Discussed transition plan for Chad. Discussed concept for Dashboard completion as a way to provide update information to OHA leadership.	Schedule two hour meeting to discuss Dashboard and report development. Attendees: OHA – Chad and KEPRO.	John DiPalma (to schedule)
1	BH – Staffing Reassignment Plan	Katrina provided overview of BH coverage plan and current IQA staffing. Current staffing: 2 TEM (Jude and TBD), 2 UM (Kenlin and Anne), 2 OSH (Deb and 2 xTBD). Chad reported discussion with OSH on KEPRO role and need for information on admission. Chad noted this sounds like a good staffing overall plan and suggested opportunities to better use of technology to perform functions, i.e., Skype (or video interviewing capabilities).	Recruitment and hiring in process for three positions.	Katrina Lee (lead for recruitment and hiring)
2	CAP Letters	Discussed status. Chad acknowledged that to the best of his knowledge all requested information was received. Chad explained that a reorganization is underway at OHA, so it is still unknown who will be responsible for specific areas. He also noted that OHA may not initially fill the UM position being vacated by Trevor reassignment. Chad acknowledged good recent work in UM with the development of the PA service type manuals and work being performed.	No follow-up action needed	John/Chad
3	Treatment Episode Monitoring	Plan for coverage discussed. Plan to implement TEM request form to facilitate TEM completion. Chad noted KEPRO needs to ensure it is capturing and reporting the correct codes with appropriate documentation based on criteria for each key code. Focus on service authorized with follow-up on each code authorized. Discussed monthly reporting for TEM. Chad noted the form used last month acceptable for needed base data. He suggested the idea of a hyper-link being used for each entry, but that this	Letter to be sent to providers for use of new form for information gathering. Needs to include Rule language from PA section. Chad to send Rule language. Goal for provider letter to be completed this week.	Maggie Klein (draft letter for Chad/OHA review)

		was not necessary, as long as detail is available if requested.	Draft to be sent to OHA for approval.	
4	TEM Model and LOC Guidelines	This document is loaded on IP Switch and available for reference. Discussed elements (as noted above). No changes requested	No follow-up action needed.	
5	KEPRO Role at OSH	Chad reported discussion with OSH on KEPRO role and need for information on admission.	Follow-up discussion with OSH and Katrina to reinforce KEPRO role/ expectations.	Katrina Lee Chad Scott
6	Admission Notifications from OHS/JC	Chad discussed with OSH the need for more timely notification from OSH/JC of new admissions. It was noted there is a need to clarify the timeline for KEPRO action and how best to trigger this action. It has been suggested this be at Day 10 with patient-centered plan provided at Day 20 (M. Oyster). However, this is not necessarily an optimum window for all patients. There is still a desire to have OSH admissions captured in PreManage. However, this would need to be considered a “pre-notice” with the 10 day notice for action being considered as a separate trigger given the current Contract language.	Additional discussion needed on timeline for OSH actions. With use of PreManage may need to consider this as a “pre-notice” for action to be in compliance with current contract. Otherwise, would need to consider future contract amendment.	Katrina Lee Chad Scott
7	Criteria for Civil SRTF Admission	Chad provided draft criteria for coverage/payment in a licensed setting. (See handout). Discussed PSRB handling, as these are directed and not authorized. Discussed need for more specificity on determination worksheet. Currently information from OSH tends to be vague and not sufficiently specific to make an informed discussion. Authorization should end of date of commitment end.	KEPRO will review for consideration and will recommend revisions. Chad to send electronic version for revision. Katrina will forward to Dr. McWilliams.	Dr. McWilliams (criteria revision) Chad Scott (review draft) KEPRO (send letter)
8	Face-to-Face Determination	Chad explained that for community eligibility determinations a F2F is required. However, this can be done by the QMHP and not KEPRO. For OSH, Medicaid doesn’t apply, but desire to be treated similarly. Discussed how use of technology could help facilitate the completion of these determinations, i.e., it would be permissible to do phone or Skype-type assessments.	No follow-up action needed.	

9	Denying Authorization over 30 Days	Letter sent from OHA on 4/24/2017 is generating a number of retro-auth requests. Per Chad, KEPRO should continue to deny at 30 days. OHA is continuing to consider payment for retro-requests. However, after August 31 st no retro authorizations will be paid by OHA.	KEPRO is to continue denying requests at 30 days, as they are doing now.	
10	Average Length of Stay Reporting	Received ALOS report. Chad reported the DOJ hasn't established an ALOS, but has the guideline from KEPRO. Chad noted that the information provided by KEPRO is helpful in providing a baseline.	No follow-up action needed.	
11	IP Switch Access and Organization	Confirmation of access. Available to be used.	No follow-up action needed.	
12	Invoicing for Services	Chad noted the new format was clear and easy to review.	No follow-up action needed.	
13	Quarterly Reporting	Next report due out on May 15, 2017.	Once available will schedule review OHA.	John DiPalma (schedule review)
14	New Business: Corporate Visit	Meeting scheduled for 04/27/17 to introduce OHA – Chad and Rhonda to KEPRO Corporate leadership.	Meeting scheduled for 04/27/17 at 1130am.	John Di Palma
15	New Business: SRTF Referral for WA Medicaid	Katrina raised a question of how best to handle an SRTF referral with WA Medicaid. Chad recommended the case be reviewed applying admission criteria from a clinical perspective. Billing/reimbursement plan to be addressed outside of KEPRO.	Will instruct KEPRO staff on handling of request from outside Oregon.	Katrina Lee
16	Meeting Adjourned	Meeting adjourned at 12noon.	Next Meeting: May 2, 2017 at 11am	

Respectfully submitted:

Margaret Klein, RN, MS, MSN, JD
 Director, Clinical Operations
 Meeting Scribe

From: KEPRO Notification Service
To: [DOUGLASS Trevor](#)
Subject: New Files Notification
Date: Wednesday, April 26, 2017 11:10:48 AM

4 New Files Available

/OHPCC_Program/1915i Benefit/Forms/PDF Version

File Name: or-bh-request-form-kf-005 v 2 pdf

Date and Time: 4/26/2017 1:07 57 PM

Size: 728,448

Tracking ID: 379753287

Link: https://urldefense.proofpoint.com/v2/url?u=https-3A__transfer.kepro.com_human.aspx-3F0rgID-3D1795-26Arg12-3Dfileview-26Arg06-3D305689715-26Arg07-3D379753287&d=DwIGaQ&c=7gilq_oJKU2hnacFUWFTuYqjMQ111TRstgx6WoATdXo&r=OqtnoNF0c_STY1Gs5UYEVLD5IFlayb7_Q_rkQp2ru_USz9UO_Dgw6dxK0cnUI-V4&m=TP1zOb0GkhIZwXC6-9N_ruoRa4SqrBg4GV4F_ChzQ_c&s=M4VkhVTMOWQk24PH63FYCNON1pEwBEOMBmnnNIIVf3o&e=

Integrity Verified: YES

File Name: or-bh-request-form-kf-007 v 2 pdf

Date and Time: 4/26/2017 1:08 00 PM

Size: 1,172,180

Tracking ID: 379713684

Link: https://urldefense.proofpoint.com/v2/url?u=https-3A__transfer.kepro.com_human.aspx-3F0rgID-3D1795-26Arg12-3Dfileview-26Arg06-3D305689715-26Arg07-3D379713684&d=DwIGaQ&c=7gilq_oJKU2hnacFUWFTuYqjMQ111TRstgx6WoATdXo&r=OqtnoNF0c_STY1Gs5UYEVLD5IFlayb7_Q_rkQp2ru_USz9UO_Dgw6dxK0cnUI-V4&m=TP1zOb0GkhIZwXC6-9N_ruoRa4SqrBg4GV4F_ChzQ_c&s=v2kOPifykzkJ2seDto_De4ShLCLLeKTj2pr_2fEsHdok&e=

Integrity Verified: YES

File Name: Treatment Episode Monitoring Report - AFH pdf

Date and Time: 4/26/2017 1:08 01 PM

Size: 189,164

Tracking ID: 379745444

Link: https://urldefense.proofpoint.com/v2/url?u=https-3A__transfer.kepro.com_human.aspx-3F0rgID-3D1795-26Arg12-3Dfileview-26Arg06-3D305689715-26Arg07-3D379745444&d=DwIGaQ&c=7gilq_oJKU2hnacFUWFTuYqjMQ111TRstgx6WoATdXo&r=OqtnoNF0c_STY1Gs5UYEVLD5IFlayb7_Q_rkQp2ru_USz9UO_Dgw6dxK0cnUI-V4&m=TP1zOb0GkhIZwXC6-9N_ruoRa4SqrBg4GV4F_ChzQ_c&s=F1kd8EnaM9q8urjpZ02SR-SGELGrWPpJAfE_8DyRuM&e=

Integrity Verified: YES

File Name: Treatment Episode Monitoring Report - OSH pdf

Date and Time: 4/26/2017 1:08 03 PM

Size: 200,215

Tracking ID: 379697877

Link: https://urldefense.proofpoint.com/v2/url?u=https-3A__transfer.kepro.com_human.aspx-3F0rgID-3D1795-26Arg12-3Dfileview-26Arg06-3D305689715-26Arg07-3D379697877&d=DwIGaQ&c=7gilq_oJKU2hnacFUWFTuYqjMQ111TRstgx6WoATdXo&r=OqtnoNF0c_STY1Gs5UYEVLD5IFlayb7_Q_rkQp2ru_USz9UO_Dgw6dxK0cnUI-V4&m=TP1zOb0GkhIZwXC6-9N_ruoRa4SqrBg4GV4F_ChzQ_c&s=yPlr5tSMrVntdEzkYBrMvC2dwwfrvHLHRQKkenx4nF-M&e=

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Regards,

KEPRO Notification Service

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From: [Scott Chad D](#)
To: [Martin Pauline G](#); [KELLING Deborah](#); [Curtis Rebecca L](#); [KELLY Kerry](#); [HIGHBERGER Ted](#)
Cc: [DOUGLASS Trevor](#)
Subject: FW: Emailing: KEPRO CM for Oregon State Hospital v.2 4.10.17
Date: Friday, April 28, 2017 9:52:34 AM
Attachments: [KEPRO CM for Oregon State Hospital v.2 4.10.17.pdf](#)

Attached is a flier detailing Kepro's role and process at OSH/JC. The purpose of this is to have a document that can be shared that defines Kepro's purpose for working with state hospital patients and to clarify what can be expected of Kepro staff when working with OSH/JC patients.

Please feel free to share with your staff.

Related to this, at the request of OHA and consistent with their contract, Kepro is beginning a process of increased utilization review of the residential system. The goal is to assist individuals to transition to less restrictive settings and increase the residential capacity to support increased OSH/JC discharges.

Because this will require a shifting of Kepro resources, there are two temporary changes to Kepro's work with OSH/JC for the next 90 days.

1) Kepro will only provide assessment and planning for individuals currently on the ready to transition list if requested by OSH or community partners due to complex case planning needs or need for independent consultation. Otherwise, patients with Choice contractor and OSH staff engaged in the person's transition planning will not receive an independent assessment and person centered plan. Kepro will complete a PCP for all new admissions prior to RTT.

2) Kepro will only be able to provide assessment and planning for Junction City patients through use of telephone or video conference unless there is a specific requires for face to face evaluation.

As you can see in the attached document, Kepro's timeline for work with OSH/JC patients will begin upon notification from OSH/JC of the person's admission.

The last I heard from Kepro, they are only notified of a patients presence at OSH/JC via the weekly RTT list. If we haven't already, can we come up with a process to e-mail the names of new admits to Kepro with 10 or so days of admission? Katrina can weigh in on the Kepro email those names should be sent to.

Please let me know if you want to meet or conference about this or if you have any questions / concerns about Kepro.

I think a temporary increased focus on residential UR is the best use of Kepro as a resource at this time and will have a positive impact on the RTT is a month or two.

Thanks again,

Chad Scott
Behavioral Health Medical Management
OREGON HEALTH AUTHORITY
Provider Clinical Support Unit
Desk: 503-947-5031
<http://www.oregon.gov/OHA>

CONFIDENTIALITY NOTICE

This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

-----Original Message-----

From: Katrina Lee [<mailto:klee@kepro.com>]

Sent: Tuesday, April 11, 2017 8:53 AM

To: Scott Chad D <CHAD.D.SCOTT@dhsosha.state.or.us>

Subject: Emailing: KEPRO CM for Oregon State Hospital v.2 4.10.17

Hi Chad,

Here is the flyer we have made for the hospital. I would like to talk to you about pulling the case managers from Junction City and reducing the Salem case managers to 2 for now so that we can focus on treatment episode monitoring in the community.

Can we find time to talk about that today so that we can make a plan and timeline?

Thank you,
Katrina

Your message is ready to be sent with the following file or link attachments:

KEPRO CM for Oregon State Hospital v.2 4.10.17

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

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CONFLICT FREE CASE MANAGEMENT SERVICES FOR OREGON STATE HOSPITAL

KEPRO ensures individuals receive the support and services they need to transition successfully back to the community.

KEPRO provides efficient and effective Conflict Free Case Management to individuals admitted to Oregon State Hospital on a civil commitment to ensure individuals receive the support and services they need to transition successfully back to the community. KEPRO conducts independent assessments of functional needs and develops a Person Centered Plan within 10 days of the individual's admission to Oregon State Hospital.

KEPRO's Case Managers utilize person-centered planning standards and a four-step approach in conducting and completing assessments.

The four-step approach includes:

1. A face-to-face interview with the individual at a location of their choosing.
2. An assessment guided by evidence-based practice to determine client needs, barriers, and goals.
3. Collection of the individual's medical records
4. Attendance at the first Interdisciplinary Team (IDT) meeting

A KEPRO Case Manager will complete a person centered plan, which outlines a transition plan created in partnership and with input from the member. The transition plan is comprehensive and includes legal, financial, housing, cultural, medical and behavioral health needs, as well as, identifying potential obstacles and barriers to a successful transition and/or long-term stability. The transition plan is shared with Oregon State Hospital, the Exceptional Needs Care Coordinator (ENCC) and the county responsible for the member's transition planning.

1.800.562.4620

www.OHPCC.org

Meetings with members and involved parties are completed on campus at the Oregon State Hospital in either Salem or Junction City, Oregon. Meetings can also be conducted via telephone and/or video conferencing if requested by the member, due to inclement weather, danger level, travel restrictions, etc.

The Importance of Person-centered Assessment and Planning

Person centered assessment and planning ensures that the necessary services and supports are identified for a timely and successful transition from the Oregon State Hospital back to the community.

In addition, this ensures that services are delivered according to guidance included in the person centered plan by coordinating services, monitoring the quality of services, monitoring the participant, and reporting compliance of contracted entities responsible for implementing the support plan.

KEPRO's Services for Oregon State Hospital

Within 48 hours of client assignment, KEPRO staff will coordinate with Oregon State Hospital's social worker to meet with the individual and others they want involved for the person centered assessment of need.

KEPRO is always available to meet with others who may have information about the individual, such as their guardian, IDT members, community members or others identified by the individual. KEPRO is required to hold and conclude any meetings within 10 days of admission notification from Oregon State Hospital.

Within 10 days of receiving notification, KEPRO will schedule a person centered planning meeting. The meeting will take place within five business days of the completion of the planning process. The purpose of this meeting is to present the plan to the individual, Oregon State Hospital and the choice contractor responsible for implementation of the plan. This meeting also provides an opportunity to answer any questions and make any necessary modifications.

KEPRO is available during and after the individual's transition to provide technical assistance to support implementation of the plan. In addition, KEPRO will also provide support in the event of a plan modification to support any change in condition or circumstance related to the individual.

KEPRO will monitor the individual's progress from start to finish through discharge, as well as, to ensure the individual's success in the community for up to 180 days post transition from the Oregon State Hospital.

To learn more about KEPRO's work for the state of Oregon, visit www.ohpcc.org.